



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 16, 2008

Debbie Freeze, Administrator
Lewiston Rehabilitation & Care Center
3315 8th Street
Lewiston, ID 83501

Provider #: 135021

Dear Ms. Freeze:

On September 15, 2008, a phone/mail follow-up was conducted with your facility to verify correction of deficiencies noted during the Facility Fire Safety and Construction survey of July 31, 2008. Lewiston Rehabilitation & Care Center was found to be in substantial compliance as of **August 27, 2008**.

Enclosed you will find a copy of the Post-Certification Revisit Report, Form CMS-2567B indicating that federal deficiency K056 has been corrected. Also based on findings of this visit, the state licensure tag C226 was found to be corrected.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', with a long horizontal flourish extending to the right.

Mark P. Grimes
Supervisor
Facility Fire Safety and Construction

MPG/lj

Enclosures